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Evaluation

Management response to the evaluation of the role and contributions of UNDP in the HIV and AIDS response in Southern Africa and Ethiopia*

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*The compilation of data required to provide the Executive Board with the most current information has delayed submission of the present report.

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I. Introduction

1. This document constitutes the response of UNDP management to the report of the independent evaluation of the role and contributions of UNDP in the HIV and AIDS response in Southern Africa and Ethiopia, which is summarized in document DP/2006/29. It is the result of a broad-based internal consultation involving the Regional Bureau for Africa, country offices, the Regional Centre for Southern Africa and the Bureau for Development Policy (BDP).

2. The purpose of the evaluation, which covers the period 1999-2004, was to assess the role and contributions of UNDP in achieving key HIV/AIDS outcomes at the country level. The evaluation included a review of the UNDP role and contributions in the policy and planning choices made by countries in relation to HIV/AIDS. It was expected to assist the UNDP country offices concerned to position themselves for an increasingly effective role in HIV/AIDS, with appropriate contributions from corporate units and the Regional Centre for Southern Africa. Country assessments were conducted in 10 countries: Angola, Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. Ethiopia, in the Horn of Africa, was also included since it is estimated to have the second highest number of AIDS-infected people in Africa.

II. Context

3. The period covered by the evaluation (1999-2004) did not include important developments in 2005 that helped substantially shape the strategic directions of the work of UNDP in HIV and AIDS. In particular, the Millennium Summit and the Global Task Team (GTT) on Improving AIDS Coordination among Multilateral Institutions and International Donors had a significant impact for UNDP. On behalf of the UNAIDS cosponsors, UNDP played a leading role in the GTT, the recommendations of which were endorsed in the Millennium Summit Outcome as well as by the Executive Board. In response to the GTT recommendation, a clearer division of labour among the UNAIDS cosponsors was agreed to, based on the comparative advantages of each. This division identified UNDP as the lead organization for HIV/AIDS and development, governance, human rights and gender. A specific recommendation was made that UNDP take the lead in integrating HIV and AIDS into poverty reduction strategies processes in collaboration with the World Bank and the UNAIDS secretariat. The findings of the evaluation identify similar areas of comparative advantage, which were realized to a greater or lesser extent depending on country circumstances.

4. Within UNDP, the three HIV/AIDS service lines have subsequently been revised to reflect the lead role of UNDP, as follows:

(a) HIV/AIDS and human development;

(b) Governance of HIV/AIDS responses;

(c) HIV/AIDS, human rights and gender.

5. UNDP was also actively engaged in the Millennium Summit and has focused on the Millennium Development Goals (MDGs) as a way of organizing its work to achieve results. In particular, UNDP is aligning its work on integrating HIV and AIDS into poverty reduction strategies with the assessment and development of options for MDG-based poverty reduction or national development strategies. The HIV/AIDS response is a core element of the UNDP integrated package of services (IPS) to support countries in achieving the MDGs. The long-term time horizon of the MDGs across key sectors provides an important multi-sectoral platform for analysing the development trade-offs that national partners must face, and makes a strong case for early preventive action on HIV and AIDS.

6. The period covered by the evaluation witnessed dramatic growth in external financing for HIV/AIDS through sources such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), which presented countries with challenges in accessing, managing and implementing large-scale grants for HIV/AIDS. UNDP has – in exceptional circumstances, and at the request of national partners – helped in the management and implementation of such resources. UNDP has fostered partnerships with GFATM, the UNAIDS secretariat and cosponsors to resolve implementation bottlenecks at the country level, establishing a global joint problem-solving and implementation support team (GIST) as recommended by the Global Task Team.

7. The evaluation highlighted the important role of UNDP resident representatives and resident coordinators as a voice for the United Nations system and United Nations country teams (UNCTs) in the response to HIV and AIDS. Just as important as the provision of financial resources is the facilitation of coherent responses to the epidemic. Resident coordinators are championing the establishment of joint United Nations teams on AIDS in response to the Secretary General's letter of December 2005 and the guidance note signed by the Administrator and the Executive Director of UNAIDS. In the case-study countries, the evaluation found that the UNDP coordination role was particularly valuable when it extended beyond United Nations organizations to include additional partners, especially where new financial resources were programmed by non-United Nations organizations.

8. In highlighting the key comparative advantages of UNDP, the evaluation mirrored many of the recommendations of the Global Task Team as well as certain aspects of the division of labour among UNAIDS cosponsors. These include the ability to promote and facilitate the mainstreaming and integration of HIV/AIDS issues into development and poverty reduction strategies; address certain aspects of AIDS-related governance issues, including decentralized support to the HIV/AIDS response, the human rights dimensions, and gender; and facilitate the effective involvement of other smaller United Nations organizations and donors, especially in countries and where major donors are relatively less active. Finally, the evaluation found that UNDP should have a comparative advantage in capacity development, as evidenced in the decentralized response to HIV/AIDS in Botswana and Zambia.

III. Findings

9. Management was pleased to note the overall evaluation findings that UNDP has played multiple roles in the HIV/AIDS response at the country level and that the roles and contributions of UNDP were relevant to the situations of its partner

countries. Across countries, activities included: capacity development and policy support to national HIV/AIDS commissions and councils; support to decentralized HIV/AIDS responses at the provincial, district and local government levels; support for the elaboration of HIV/AIDS-related policies, including action related to gender and stigma; support for civil society organizations (CSOs) in their HIV/AIDS responses; generation of knowledge through products such as national human development reports related to HIV/AIDS; and mainstreaming or facilitating the integration of HIV/AIDS issues into activities beyond the traditional HIV/AIDS 'sector'.

10. In particular, management notes the signature accomplishment of UNDP, highlighted in the evaluation findings, as moving HIV/AIDS paradigms from biomedical towards development perspectives in almost all the case-study countries. UNDP was acknowledged for helping to institutionalize this shift in development planning and management, and was widely considered to have been instrumental in successfully advocating for it within countries.

11. Management has taken serious note of the concern raised by the evaluation that UNDP, together with its partners, has achieved only limited change in translating awareness and policy acceptance into actions. Equally, limited attention to monitoring, evaluation and exit strategies was found to have impeded UNDP effectiveness and the sustainability of its interventions. The Regional Bureau for Africa, BDP and the Evaluation Office will work to strengthen the monitoring and evaluation dimensions of programmes, while adjusting strategies to focus on implementation issues.

12. The evaluation cautioned that the recent growth in external financial resources and the prominence accorded to the issue of treatment create the danger that developmental approaches to combating the epidemic may lose attention. On this point, UNDP management would like to underline that the recent focus on treatment has provided an important opportunity to discuss the human development impact of the epidemic with ministries of trade and patent offices. In particular, UNDP has worked closely with 32 African countries to build capacity to adapt the Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities and safeguards to ensure access to affordable medicines. A successful workshop with the African Union held in Addis Ababa in 2005 provided a forum for sharing best practices and developed the capacities of participants to formulate and adopt TRIPS provisions into patent legislation that would allow for the importation and manufacture of low-cost essential medicines. That initiative was co-sponsored by UNDP with the African Union, the World Health Organization and the Third World Network (TWN), and resulted in important policy guidance.

13. UNDP, in collaboration with the East African Community, TWN and Health Action International, helped develop the capacity of officials from the ministries of health, trade and patent offices from Kenya, Tanzania and Uganda, to assess and analyse national patent laws with respect to compliance with TRIPS flexibilities and safeguards such as compulsory licensing and parallel importation. Possibilities were reviewed for adopting a regional framework for the procurement of affordable medicines. Similar support is being provided to countries in the Southern African Development Community in 2006.

A. Relevance and effectiveness of the UNDP role and contributions

Governance, including gender and CSO engagement

14. The evaluation highlighted the contribution of UNDP in generating greater commitment of governments and their partners towards sound processes, structures, policies and strategies that shape national responses. Three significant outcomes stand out: changing national policies and strategic frameworks for managing HIV/AIDS; strengthening decentralized HIV/AIDS institutions; and increasing the presence and voice of CSOs and vulnerable groups. Management noted the evaluation recommendation that UNDP exploit its strong relationships with national partners to influence the governance of the AIDS response.

15. Management fully endorses the evaluation finding that greater attention must be dedicated to strategically address issues of gender equality and HIV/AIDS, which are inextricably linked. While several UNDP initiatives, particularly at the community level, had positively and markedly influenced gender dynamics, the evaluation found it difficult to establish that UNDP programmes had achieved change on a significant scale. Given the impact of the epidemic on women and girls in Southern Africa, management is fully committed to making gender equality an integral part of the UNDP response to HIV/AIDS at the country level.

16. Following the agreed division of labour among UNAIDS cosponsors, UNDP assumed the lead role in addressing HIV, human rights and gender in 2005. Since that time, there has been a sharpened focus on strengthening partnerships in the area of HIV and gender with the United Nations Development Fund for Women (UNIFEM), the UNAIDS secretariat and the Global Coalition on Women and AIDS. A global UNDP HIV and gender strategy is being developed through extensive internal and external consultations with colleagues from headquarters, regions and country offices. The goal is to ensure that gender is fully integrated into UNDP HIV policies and strategies at the global, regional and country levels in order to implement more effective programmes and achieve better development outcomes.

17. In 2006, UNDP and the UNAIDS secretariat will convene an inter-agency meeting on human rights and gender to review activities and develop a global framework for the UNAIDS cosponsors and secretariat, with UNDP as the lead agency. In addition to contributing to the finalization of the UNDP HIV and gender strategy, the consultation will develop work plans and activities to help guide strengthened and more coherent United Nations efforts to address HIV and gender, particularly at the country level.

Leadership

18. Management noted the evaluation finding that UNDP has helped strengthen HIV/AIDS-related leadership through programmatic interventions that develop leadership among politicians and government officials, community and civil society bodies, and some private-sector entities. While the evaluation found inspiring examples of leadership 'breakthroughs', particularly in the UNDP community conversations and leadership development programmes, at the time of the evaluation it was uncertain whether various UNDP interventions had achieved sufficient scale and depth to respond comprehensively to leadership needs. The evaluation further recommended that UNDP concentration on individual leadership development be complemented by a greater emphasis on group leadership. Action has been taken to

ensure that leadership capacity development methodologies have been aligned with the new service lines, and that focus is placed on collective or group results.

Mainstreaming

19. Management was pleased to note the evaluation findings that UNDP has contributed to acceptance of the multi-sectoral nature of the epidemic and the need for mainstreaming – inclusion of HIV/AIDS issues in policies, plans and action in government responses beyond the health and HIV/AIDS sectors, and enhancement of the roles of non-governmental partners in multi-sectoral responses. Action has been taken on the finding that, despite the initiatives of UNDP and its partners, mainstreaming was found still to be at an early stage in most case-study countries, especially in key areas such as poverty reduction strategies.

20. In response to the recommendations of the Global Task Team, UNDP prioritized the integration of HIV/AIDS into poverty reduction strategies in 2005. The first joint UNDP-World Bank-UNAIDS capacity development workshop on HIV and poverty reduction strategy papers (PRSPs) was undertaken in South Africa in 2005, involving senior AIDS, finance and planning officials, as well as non-governmental organizations (NGOs) from seven countries in the region. Country follow-up activities and support for implementation are under way, and a workshop involving a further seven countries is planned in 2006. A guidance paper for national partners on integrating HIV into poverty reduction strategies is also planned in 2006, as well as intensified support to countries.

21. Moreover, management is committed to dedicating greater focus and attention to gender and HIV/AIDS mainstreaming. This is part of the global strategy on gender and HIV/AIDS that is being developed following a broad-based consultation held early in 2006.

22. Management takes seriously the finding that there was limited ownership of the HIV/AIDS agenda among UNDP country office staff beyond those immediately responsible for HIV/AIDS response. This should be addressed through intensified support to country office staff through the United Nations learning strategy coupled with the 'We Care' programme.

Capacity development

23. Management noted with satisfaction the evaluation finding that institutional and individual capacity at all levels, from national and decentralized to the community level, had been strengthened by UNDP to respond effectively to the epidemic. In particular, the evaluation cited enhanced: individual and institutional capacity in national HIV/AIDS commissions and ministerial departments,; capacity for decentralized planning, management and implementation; capacity of HIV/AIDS-related civil society organizations (CSOs) and community-level capacity; empowerment of people living with HIV/AIDS and others vulnerable to effects of the epidemic; and knowledge relating to HIV/AIDS to guide responses. Notable achievements were reported at decentralized levels of government as well as at the community level, where major gaps in national responses are often encountered.

24. Management took note of key capacity challenges cited, including: missed opportunities to deal with larger-scale capacity problems in public sector management, particularly related to human resource planning, development and management; insufficient attention to gender and involvement of women; lack of

clarity on how to achieve a large-scale impact in capacity-building exercises with CSOs; and the risk that UNDP faced in 'spreading itself too thin'. Management expects a more strategic focus in capacity development responses as countries revise their actions to harmonize with the service lines of the new multi-year funding framework (MYFF).

25. The evaluation found that UNDP, at the request of government, had taken on important roles in two countries to build national capacity for mobilizing and managing GFATM resources. Management noted the recommendations that greater emphasis should be placed on decentralized approaches, which is a natural progression as implementation of the grant matures. Issues with bottlenecks are dealt with through the Global Implementation Support Team (GIST) which fields joint inter-agency missions to resolve problems that may occur in implementation.

HIV/AIDS partnership coordination

26. Management was pleased to note the evaluation finding that UNDP had played an important role in partnership coordination to achieve country results. This was most evident in financial resource mobilization from the Global Fund in Angola and Zimbabwe. Management noted that UNDP had made significant contributions in some of the case-study countries in strengthening inter-agency synergy among United Nations organizations and with official development partners.

27. Regarding the request for clarification of roles at the country level between UNAIDS, and the expansion mentioned by the evaluators of UNAIDS country coordinators (UCCs), management would like to underscore that the UCC is an integral part of the resident coordinator system, and as such assists the resident coordinator in managing coordinating a unified United Nations system response to HIV/AIDS at the country level. Guidelines regarding the roles and responsibilities at the country level have been prepared by UNAIDS and sent to the resident coordinators by the UNDP Administrator and Chair of the Development Group Office.

28. Management noted the evaluation finding that the newly established regional centre was seen by many as an important complement to the country office, but its role, activities, and coordination with country office initiatives were not well understood. Management is resolutely committed to ensuring streamlined operations and support from headquarters and the regional service centre (RSC) to country offices. This would include a clear articulation of the role of the RSC in providing high-end policy advisory services. The ongoing Regional Bureau for Africa (RBA) strategy and management review exercise is primarily aimed at streamlining operations for the effective delivery of support and advisory services to country offices, UNCTs and partners in the region.

B. Strategy and management of the UNDP HIV/AIDS response

Strategic focus

29. Management noted the evaluation finding of a disconnect between the UNDP corporate strategy for HIV/AIDS and implementation or action by country offices, and little evidence of integration among corporate, regional and country-level strategies and activities. Action has been taken to align global, regional and country-level strategies with the UNAIDS division of labour and thereby strengthening the strategic focus of the UNDP HIV/AIDS response. In addition, important synergies

are being built between global, regional, and country level responses through joint work-planning and formulation missions. This is addressed in greater detail in the next section on recommendations.

30. The evaluation found a further disconnect existed between the country cooperation framework (CCF) and actual activities. Management agrees with the evaluation observation that such disconnections between CCFs and programme statements, compared to actual activities, might indicate adaptation, evolution, and flexibility in the UNDP response.

31. The rapidly evolving context of the response to HIV/AIDS, and the need for UNDP to continuously create enabling conditions for a multi-sectoral response, has at times translated into programmes which may seem to have limited reference to the originally conceived CCF. The evolving context of the epidemic also led to the work of the Global Task Team on HIV/AIDS coordination, whose recommendations included a clear division of labour and the assignment of lead roles to each of the UNAIDS cosponsors. UNDP programmatic interventions, coordinated with UNCTs, will be articulated based on this division of labour and aligned with the newly revised MYFF.

Funding by UNDP

32. In the countries reviewed, management was pleased to note the evaluation finding that the role of UNDP in responding to HIV/AIDS had substantially increased during the period covered by the evaluation, with many new activities being funded. While UNDP spending on HIV/AIDS has increased substantially in overall terms, low levels were recorded in some countries in the region. At the same time, UNDP spending often served as a catalyst for leveraging other resources for HIV/AIDS.

Country office HIV/AIDS capacity

33. Management noted the finding that wide variations exist in the technical and organizational capacity of country offices to support national HIV/AIDS responses. To address capacity constraints, in 2005 the RSC in Johannesburg, together with BDP HIV/AIDS advisers, held a capacity-strengthening workshop for HIV focal points on the regional strategy for mainstreaming and integrating HIV into national AIDS and poverty reduction strategies. More systematic efforts are being made in 2006 to deepen and strengthen capacities through regional trainings, guidance notes, virtual development training courses, and direct country formulation and evaluation missions drawing on resources from both the Regional Centre and the HIV/AIDS Group in BDP. Through the resident coordinator system, support will be provided for the establishment and strengthening of joint United Nations teams on AIDS at the country level and for more effective joint programming.

Promise and performance

34. Management noted that the evaluation found gaps between promises made by UNDP and country office performance. It should be noted, however, that there will always be a gap between goals and achievements in the face of a major epidemic such as that in Southern Africa. Performance should be measured against programme targets and specified results. Viewed from that perspective, while there are still gaps to be filled, most of the targets have been achieved. The revision of the HIV/AIDS service lines according to the division of labour recommended by the

GTT, and strengthened monitoring and evaluation, will help to document and address gaps.

35. The evaluation finding that inadequate attention was paid to implementation issues was noted by management. With regard to growing external resources, UNDP has played a valuable role when requested by government to act as principal recipient for GFATM grants and for their implementation. At the country level, UNDP has worked to facilitate and strengthen governance structures and mechanisms and to engage the participation of NGOs and people living with HIV and AIDS in programme design, implementation and evaluation.

IV. Responses to the recommendations

36. Management fully endorses the overarching recommendation of the evaluation that in Southern Africa – the sub-region where HIV/AIDS is the most severe in the entire world – the country offices in the case-study countries must demonstrate a much higher level of urgency in their work on HIV/AIDS. Urgency should be measured by, inter alia, use of resources, leadership, people, time and money. Total UNDP spending on HIV/AIDS overall is not large enough to have a significant impact on the epidemic at the country level, so it is particularly important that it use HIV/AIDS resources, both human and financial, in a strategic manner. It is critical to develop coherent approaches to leveraging partner resources in order to achieve the scale of outcomes required in countries with very severe epidemics.

37. RBA, together with BDP, is committed to developing, by September 2006, a monitorable action plan through which to implement the remaining recommendations detailed in the evaluation report, many of which have already been implemented. These include the review of the UNDP corporate strategy on HIV/AIDS; the prioritization of integrating HIV/AIDS into poverty reduction strategies; the development of a corporate strategy on HIV/AIDS and gender; and strengthening the capacity of the resident coordinator system to respond to HIV/AIDS. The specific recommendations of the evaluation are:

To country offices:

Recommendation 1: Clarify strategic direction. *Country offices should formulate or update UNDP country HIV/AIDS strategies and integrate them into national HIV/AIDS strategies and programmes.*

Response

38. Country office HIV/AIDS strategies are being updated to reflect the new service lines based on the UNAIDS division of labour and UNDP lead role. Support will be offered to country offices and regional partners based on one UNDP regional programme on HIV/AIDS that brings together the expertise, experience and financial resources of UNDP within a single, integrated response mechanism. This mechanism also supports of the 'three ones' principle, further bolstering the lead role of UNDP in promoting that principle.

Recommendation 2: Shift programme focus. *(a) Give central attention to supporting implementation of country HIV/AIDS programmes, especially at decentralized levels; and (b) Assist partner countries with mobilization,*

disbursement and effective utilization of external financial resources for HIV/AIDS, with support from the Regional Service Centre.

Response

39. Management supports the recommendation and notes that it is in line with RBA efforts to strengthen operational capacity of the RSC and ensure it is responsive to country needs. UNDP support to country offices is being aligned with the newly agreed division of labour, with UNDP leading in the area of HIV and development, governance, mainstreaming, human rights and gender. Recognizing the need and demands from countries to mobilize, programme, manage and disburse funds, RBA, in partnership with BDP, is strengthening implementation support capacity within country offices. UNDP is focussing especially on strengthening country capacity for implementation of programmes resourced from global funding initiatives, such as GFATM. As an active member of the Global Fund Joint Problem-solving and Implementation Support Team (GIST) of the of the United Nations system, UNDP is supporting countries in addressing urgent implementation issues, and helping to stimulate early diagnosis of technical support needs and ensure deployment of coordinated support.

Recommendation 3: Strengthen HIV/AIDS capacity. *Country offices should strengthen their HIV/AIDS capacity, with support from the Regional Centre and headquarters. This includes staff skills, attitudes, incentives and leadership. In their HIV/AIDS work, country offices should go beyond UNDP projects and should plan, draw upon and facilitate deployment of the entirety of the institutional resources available to UNDP through UNAIDS and the United Nations system.*

Response

40. Management agrees with the need to strengthen the capacities of UNDP country offices to respond to HIV/AIDS with support from the RSC and headquarters. Capacity-strengthening workshops for HIV focal points on mainstreaming and integrating HIV into national AIDS and poverty reduction strategies were undertaken in 2005. More systematic efforts are being made in 2006 to deepen and strengthen capacities by drawing on resources from the Regional Centre and BDP to provide regional trainings, guidance notes, virtual development training courses, and country formulation and evaluation missions. Through the resident coordinator system, support will be provided for the establishment and strengthening of joint United Nations teams on AIDS at the country level and for more effective joint programming. Turning to issues of staff skills and attitudes, the capacity base of staff continues to be strengthened through HIV/AIDS mandatory training for staff, UNDP trainings such as 'We Care', and the implementation of the United Nations system learning strategy, which seeks to build the capacity of staff to integrate HIV/AIDS into the work of their organization.

Recommendation 4: Foster a culture of monitoring and evaluation. *Such a culture should be fostered by strengthening monitoring, evaluation, exit strategies and especially learning from experience, with an expectation of measurable results from each UNDP HIV/AIDS project or intervention.*

Response

41. Management agrees that fostering a monitoring and evaluation culture is important for strengthening HIV programmes and assessing results. Efforts have been undertaken to ensure that the UNDP contribution to AIDS response is coherent,

aligned and coordinated, using the new MYFF service lines as the basis for programming and evaluation at country, regional and global levels. Core results have been defined under each of the three HIV service lines, and country offices have set achievement targets for 2006 that correspond to the core result areas. In addition, the UNDP contribution to the UNAIDS unified budget and work plan for 2006-2007 has been aligned to the lead role of UNDP and to the MYFF service lines and core results. Monitoring and evaluation, including the achievement of targets and the measurement of results, will be based on UNDP core results and the indicators established under the unified budget and work plan.

To the Regional Bureau for Africa:

Recommendation 5: Assume new HIV/AIDS leadership roles. *Support stronger HIV/AIDS leadership on the part of resident coordinators and resident representatives. Review and, where necessary, revise SACI strategies and mandates, and especially the Armada projects, in close cooperation with the regional centre, to prioritize supporting country HIV/AIDS programmes. Lead a task force for the independent assessment of HIV/AIDS capacity in country offices, the Regional Centre, and RBA, with the participation of BDP, the Bureau of Management (BOM), RBA, the Regional Centre and country offices.*

Response:

42. Management notes that the recommendations are in line with commitments made by UNDP and United Nations organizations in the subregion, and with United Nations reform initiatives seeking to intensify HIV responses, as articulated in Secretary General's letter to all resident coordinators in 2005. UNDP is part of the Regional Director's team in Southern Africa, a mechanism established to organize, integrate and guide United Nations regional-level activities aimed at strengthening UNCT responses to HIV through the resident coordinator system.

43. At the 2006 RBA cluster sessions, resident representatives and RBA management requested the Southern Africa Capacity Initiative (SACI) team to immediately make available their methodologies and advisory services to support the capacity dimensions of HIV/AIDS response and to devise a strategy for sharing the methodology beyond Southern Africa. In this regard, SACI remains the strategic framework of UNDP for capacity strengthening and for reorganizing the manner in which services are delivered, particularly, in a context of decreasing quantity and quality of basic services and high HIV/AIDS morbidity and mortality rates.

44. Since 2005, operational support provided to countries through the Augmented Resource Mobilization and Delivery in Africa (Armada) initiative has been aligned with and reflected within RBA HIV responses. The newly revised 'UNDP regional HIV/AIDS response in Africa', organized along the new service lines, explicitly includes service lines initially provided by the Armada team as integral components of the HIV response programme.

45. Management takes the issue of RBA capacity at all levels very seriously. Against this backdrop, the new RBA Director initiated a management review exercise, February, 2006, aimed at strengthening the functioning of the entire bureau and the streamlining of services to country offices. The review will also critically examine and advise on the capacity implications for the entire Bureau. The assessment of capacity to respond to HIV/AIDS forms part of the overall review exercise for the whole of RBA including headquarters units, RSCs and country offices. A management review exercise is being undertaken with the collaboration of

internal UNDP units (BDP, BOM, and others) and in consultation with external partners.

To the Bureau for Development Policy:

Recommendation 6: Review corporate HIV/AIDS strategy. *Review the corporate HIV/AIDS strategy of UNDP in the light of the evaluation report, to support implementation of country HIV/AIDS programmes and poverty reduction strategies. (a) Focus on support to: (i) implementation of country HIV/AIDS projects and programmes, and (ii) integration of HIV/AIDS into poverty reduction strategies. (b) Assist the regional centre, and especially country offices, with HIV/AIDS country strategy formulation and implementation. (c) Weigh the HIV/AIDS capacity of BDP, including budgets, staff skills, and links with other UNDP units and partners, against the changing needs.*

Response

46. The recommendation on reviewing the HIV/AIDS corporate strategy is aligned with actions undertaken in 2005-2006. Management agrees that support to implementation of country HIV programmes and the integration of HIV into poverty reduction strategies in the region is critical. However, this should exclude programmes that lie within the purview of the lead role of UNDP as a cosponsor of UNAIDS, and which are appropriately adapted to specific country circumstances.

47. A review of the HIV/AIDS focus areas and corporate strategy was undertaken in 2005 through a thorough process of internal and external consultation. A revised corporate strategy is now under implementation, building on the recommendations of the Global Task Team on Improving AIDS Coordination which were endorsed in the World Summit Outcome and by the UNDP/UNFPA Executive Board in its decision 2005/41. The revised strategy takes into account the division of labour among UNAIDS cosponsors recommended by the Global Task Team, where UNDP has been assigned the lead role for HIV/AIDS and development, governance, mainstreaming, human rights and gender. A specific recommendation was made that UNDP take the lead in integrating HIV into PRSP processes, in collaboration with the World Bank and the UNAIDS secretariat.

48. Internally, the MYFF service lines for the HIV/AIDS practice have been revised to reflect the new UNAIDS division of labour and the results of extensive regional and country office consultations. The intention is not that the service lines be applied rigidly, but that they be adapted to country circumstances and demand.

49. Externally, stronger partnerships have been fostered with the UNAIDS secretariat and cosponsors, with UNIFEM and with the Global Coalition on Women and AIDS. This includes the United Nations system-Global Fund partnership for the resolution of implementation bottlenecks at the country level through the establishment of GIST, as recommended by the Global Task Team.

50. Management agrees that greater attention should be paid to supporting regional centres and country offices in formulating and implementing strategy. In 2005, stronger linkages have been developed between the HIV/AIDS Group in BDP and the regional bureaux through the formulation of joint regional policy and programme responses to HIV; regular work-planning meetings with BDP and regional centres; and monthly meetings of the HIV/AIDS Group and Regional Bureaux HIV/AIDS focal points. Efforts are under way to build capacity for intensified national responses in 2006.

51. A review of BDP HIV capacity has been undertaken to align skills and competencies more closely with new directions and service lines. The HIV/AIDS Group has been strengthened with an adviser on HIV and human development and an adviser on human rights and gender. In collaboration with the Evaluation Office and the Regional Bureau for Africa, greater attention to outcomes and lessons learned in implementation is planned.

To the Bureau of Management:

Recommendation 7: Accelerate implementation of the financial management improvement programme. *The financial management strengthening programme should make it possible for users in BDP, regional bureaux and country offices to access and effectively use real-time, consistent, comparable financial data on the full range of UNDP HIV/AIDS activities.*

52. Reporting facilities in Atlas have been enhanced to allow current, comprehensive reporting by all practice areas. Users have immediate access to summary or detailed reporting on all financial aspects of the HIV and AIDS activities of UNDP.

To the Office of the Associate Administrator:

Recommendation 8: Clarify working relationships. *Examine and, where necessary, refine and revise internal HIV/AIDS working and reporting relationships and external partnerships. The Office of the Associate Administrator should position UNDP for increasingly effective engagement on HIV/AIDS. Review collaboration and reporting relationships of the Headquarters offices and bureaux concerned, of the Regional Centre and country offices. The principle should be established that the country offices are supported by the other units, within the framework of agreed strategies. Review UNDP role as Principal Recipient for the Global Fund for conflict of interest.*

Response

53. Overall management concurs that the Office of the Administrator has a critical role to play in positioning UNDP for effective action on AIDS, both internally and with external partners, through participation in forums such as the Committee of Cosponsoring Organizations. The lead or principal role for setting standards and procedures as they relate to issues that may arise implementing the division of labour among UNAIDS cosponsors resides with UNAIDS. However, UNDP has an important role to play through the resident coordinator system. Ultimately, it is the resident coordinator who is accountable for the United Nations system response to AIDS at the country level. The common country assessment (CCA), the United Nations Development Assistance Framework (UNDAF) and the Implementation Support Plans on AIDS are important tools for ensuring the coherence and added value of the United Nations system response, as well as for implementing the division of labour.

54. Internally, the principle has been established that country offices are supported by other units from the Regional Centre and headquarters through an agreed strategy that builds on the division of labour among UNAIDS cosponsors and is reflected in the revised MYFF service lines.

55. The primary role of UNDP with the Global Fund lies in developing the capacity of national partners to obtain and implement grant resources. Where UNDP is requested by governments, it acts as the principal recipient, with the

understanding that this is a temporary arrangement, and includes an exit strategy for early phase-out. Over the course of last year, UNDP phased out of its role as principal recipient in four countries, a trend that will continue and accelerate. Regarding conflicts in implementation, GIST was established in 2005 to address conflicts and resolve bottlenecks in implementation. Joint meetings were held and missions undertaken in 2005 that successfully resolved issues. These will be continued and intensified in 2006.